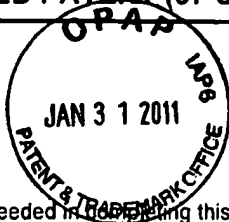


#29 M7

PETITION TO ACCEPT UNINTENTIONALLY DELAYED PAYMENT OF MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378 (c))

Docket Number (Optional)

Mail to: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Fax: (571) 273-8300



02/04/2011 DALLN 00000007 6473929

01 FC:1599

3000.00 OP

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (571) 272-3282.

Patent No. 6473929

Application Number 09233805

Issue Date 11/05/02

Filing Date 03/10/98

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CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

OFFICE OF PETITIONS

Also complete the following information, if applicable

The above - identified patent

☐

Is a reissue of original Patent No. _____ original issue date _____

original application number _____

original filing date _____

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resulted from the entry into the U.S. under 35 U.S.C. 371 of international application _____

filed on _____

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CERTIFICATE OF MAILING (37 CFR 1.89(a))

I hereby certify that this paper (*along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class main in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

24 JAN 2011
Date

AW Learner III
Signature

AW LEARNER III

Typed or Printed Name of Person Signing Certificate

Refund Ref: 03/08/2011 CKHLOK 0000173175

ANDREW WOODBURY LEARNER III

03/08/2011 CKHLOK 00000018 6473929

(page 1 of 3)

01 FC:2552
02 FC:1558

1240.00 OP
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This collection of information is required by 37 CFR 1.378(c). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

Adjustment date: 03/08/2011 CKHLOK
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7. OVERPAYMENT

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8. STATEMENT

The delay in payment of the maintenance fee to this patent was unintentional.

9. PETITIONER(S) REQUEST THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED

At Meamed III

Signature(s) of Petitioner(s)

24 JAN 2011

Date

AW LEARNED III

Typed or printed name(s)

Registration Number, if applicable

781-871-7239

Telephone Number

PO Box 164 N. ABINGTON MA 02351

Address

Address

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."

ENCLOSURES

☒Maintenance Fee Payment CHK # 558☐

Surcharge under 37 CFR 1.20(i)(2) (fee for filing the maintenance fee petition)

☐

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>03/07/11</u>		2 Serial/Patent # <u>6,473,929</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
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10 REASON:		8 TO BE REFUNDED BY:			
X	Overpayment	X	Treasury Check		
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	No Fee Due (Explanation):	9	<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; text-align: center;"> -- </div>		
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Shirene Willis Brantley</u>		TITLE: <u>Petitions Attorney</u>			
SIGNATURE: <u><i>Shirene Willis Brantley</i></u>		PHONE: <u>571 272-3230</u>			
OFFICE: <u>Office of Petitions</u>					
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